

Medicaid Substance Abuse Treatment Self-Referral Protocols Substance Abuse Improvement Initiative (SAII) January 1, 2010

The Substance Abuse Improvement Initiative (SAII) allows Medicaid enrollees to select their own provider for substance abuse treatment even if the provider does not have a contract with a Managed Care Organization (MCO). The initiative uses the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria – a widely used and comprehensive national guideline for placement, continued stay, and discharge of patients with alcohol and other drug problems – to evaluate level of care (LOC).

This document provides a narrative description of the revisions to the notification and authorization requirements for self-referred services under HealthChoice and the Primary Adult Care (PAC) program. Self-referral protocols are listed by ASAM level. It is important to note that these protocols do not lay out any benefit limitations. Rather, services beyond these must be justified based on medical necessity according to ASAM.

Comprehensive Substance Abuse Assessment

Under the self-referral initiative, an MCO or the Behavioral Health Organization (BHO) which administers the substance abuse services for certain MCOs will cover a Comprehensive Substance Abuse Assessment once per enrollee per provider per 12-month period, unless there is more than a 30-day break in treatment. If a patient returns to treatment after 30 days, the MCO/BHO will pay for another CSAA. This is a new feature of the initiative which begins on January 1, 2010.

ASAM Level I.D – Ambulatory Detox

In regards to the self-referral option under HealthChoice, ambulatory detox refers to detox services provided in the community or in outpatient departments of hospitals or outpatient programs of intermediate care facilities-alcohol (ICF-A).

HealthChoice

Provider Communication Responsibility

Provider must notify MCO/BHO and provide treatment plan (by fax or email) within one (1) business day of admission to ambulatory detox.

MCO/BHO Communication Responsibility

The MCO/BHO will respond to provider within one (1) business day of receipt with final disposition concerning ASAM criteria, including confirmation/ authorization number if approved.

Approval Protocol

- 1) If MCO/BHO **does not** respond to provider's notification, MCO/BHO will pay up to five (5) days.
- 2) If MCO/BHO responds by approving authorization, a LOS of five (5) days will automatically be approved. Additional days must be preauthorized as meeting medical necessity criteria.
- 3) If MCO/BHO determines client does not meet ASAM LOC, the MCO/BHO will pay for care up to the point where they formally communicate their disapproval.

PAC

Level 1 ambulatory detox is not covered by the PAC program.

ASAM Level: I – Outpatient Services - Individual, family and group therapy

Self-referred individual or group therapy services must be provided in the community (not in hospital rate regulated settings).^{1,2} Hospital-based providers must seek preauthorization to be reimbursed for these services from an MCO/BHO.

HealthChoice

Provider Communication Responsibility

Provider must notify (by fax or email) the MCO/BHO and provide initial treatment plan within three (3) business days of admission to Level I therapy services.

MCO/BHO Communication Responsibility

The MCO/BHO must respond to provider within two (2) business days of receipt with confirmation of receipt of notification.

¹ Hospital rate regulated clinics must seek preauthorization to provide such services under HealthChoice.

² Hospital-based services are not covered under PAC.

Approval Protocol

The MCO/BHO will pay for 30 sessions (any combination of individual, group, and family therapy) within 12-month period per client (family sessions are billed under the individual enrollee's number). The 30 visits are not a benefit limitation. Rather, the provider must seek preauthorization for additional individual or group therapy services during the year. Medicaid MCOs will pay for additional individual and group counseling services as long as medically necessary.

In order for a provider to bill for family counseling, the enrollee must be present for an appropriate length of time but does not need to be present for the entire counseling session. In some circumstances the counselor might spend part of the session with the family out of the presence of the enrollee.

PAC

PAC covers Level 1 individual, family and group therapy in community-based settings. All self-referral approval rules described under HealthChoice above apply.

ASAM Level: II.1 – Intensive Outpatient (IOP)

Self-referred intensive outpatient only applies to care delivered in community-based settings. Hospital rate regulated clinics are not covered under PAC and must seek preauthorization to provide such services under HealthChoice. In preauthorizing, MCOs may refer to in-network community providers if those providers are easily available geographically and with not waiting lists.

HealthChoice

Provider Communication Responsibility

The Provider must notify and provide treatment plan to MCO/BHO (by fax or email) within three (3) business days of admission to IOP. If they do not notify, they will not be paid for services rendered.

MCO/BHO Communication Responsibility

The MCO/BHO will respond to provider (by fax or email) within two (2) business days with final disposition concerning ASAM criteria, including confirmation number if approved.

Approval Protocol

If the treatment plan is approved, MCO will pay for 30 calendar days. At the end of week three (3), for care coordination purposes, the provider must notify the MCO/BHO of discharge plan or need for remaining treatment. Continuing treatment beyond the 30 days must be preauthorized as being medically necessary.

If determined that client **does not** meet ASAM LOC, MCO/BHO will pay for all services delivered up until the point that they formally notify the provider of the denial. If the client does not qualify for IOP, the MCO/BHO will work with the provider to determine the appropriate level of care.

PAC

PAC covers enrollees who self-refer for IOP in community-based settings. All other HealthChoice approval rules as described above apply.

ASAM Level: II.5 – Partial Hospitalization

This service is provided in a hospital or other facility setting.

HealthChoice

Provider Communication Responsibility

By morning of second day of admission to this service setting, provider will review client's Treatment Plan with MCO/BHO by telephone. Provider must submit progress report **and** assessment for justification of continued stay beyond day five (5). Provider obtains patient consent and submits progress report or discharge summary to PCP for their records and coordination of care within 10 days.

MCO/BHO Communication Responsibility

MCO/BHO will respond to providers within two (2) hours of review. Confirmation number will be provided. MCO/BHO must have 24/7 availability for case discussion with provider.

Approval Protocol

1) Two (2) day minimum guaranteed. If ASAM is met, MCO/BHO will authorize an additional three (3) days. Any additional days must be preauthorized by the MCO/BHO based on medical necessity.

2) If the MCO/BHO is **not available or does not respond** to provider within two (2) hours, they will pay the extra three (3) days. Any additional days must be preauthorized by the MCO/BHO based on medical necessity.

Providers shall seek the least restrictive level of care for clients. If the client does not qualify for partial hospitalization, the MCO/BHO will work with the provider to determine the appropriate level of care.

PAC

Partial hospitalization is not covered by the PAC program.

ASAM Level: III – Residential and Inpatient – ICF-A, under 21 years

ICF-A services are only available for children and adolescents under age 21 for as long as medically necessary and the enrollee is eligible for the service. Medicaid does not pay for services if they are not medically necessary, even if a Court has ordered them. HealthChoice MCOs do not cover other residential services.

HealthChoice

Provider Communication Responsibility

Within two (2) hours, provider calls MCO/BHO for authorization.

MCO/BHO Communication Responsibility

MCO/BHO will respond to provider within two (2) hours with a final disposition concerning ASAM criteria, including confirmation number if approved. MCO/BHO must have 24/7 availability.

Approval Protocol

- 1) If MCO/BHO **does not** respond to urgent call, up to three (3) days will be paid. Additional days must be preauthorized.
- 2) If ASAM is met and MCO/BHO has authorized, a LOS of three (3) days will be approved. Additional days must be preauthorized.
- 3) If client does not meet criteria, the MCO/BHO will work with provider to determine appropriate level of care.

PAC

ICF-A and other residential services are not covered by the PAC program.

ASAM Level: Opioid Maintenance Treatment - Methadone

In regard to the self-referral option under HealthChoice, methadone maintenance refers to services provided in the community or outpatient departments of hospitals.

HealthChoice

Provider Communication Responsibility

Within five (5) calendar days of admission to methadone program, provider notifies MCO/BHO (by fax or email) and submits initial treatment plan.

After obtaining the patient's consent, the provider will also inform the patient's Primary Care Provider that patient is in treatment.

The provider will submit an updated treatment plan to the MCO/BHO at the 12th week of service to promote the coordination of care. Next approvals for continued care will be at six-month intervals.

MCO/BHO Communication Responsibility

MCO/BHO will respond to provider within two (2) business days (by fax or email) with final disposition, including confirmation number if approved. They will also assist provider with contact information concerning the patient's PCP.

Approval Protocol

If approved, MCO/BHO will pay for 26 weeks under the self-referral option. Medicaid coverage is determined by medical necessity. Unit of service is one week. Any care provided prior to a denial based on medical necessity will be paid by the MCO/BHO. Additional approvals for continued care beyond the first 26 weeks will be at six-month intervals.

PAC

PAC covers methadone treatment only in community-based settings. PAC does not cover services in hospital inpatient or outpatient settings. All other self-referral approval rules as described above apply.

ASAM Level: IV.D: Medically Managed Patient – Inpatient Detox in an Inpatient Hospital Setting or in an ICF-A Facility

This service is provided in a hospital or ICF-A setting.

HealthChoice

Provider Communication Responsibility

Within two (2) hours, provider calls MCO/BHO for authorization.

MCO/BHO Communication Responsibility

MCO/BHO will respond to provider within two (2) hours with a final authorization or disposition, including confirmation number if approved. MCO/BHO must have 24/7 availability.

Approval Protocol

- 1) If ASAM is met and MCO/BHO authorizes, a LOS of three (3) days will be approved. Additional days must be preauthorized based on medical necessity.
- 2) If client **does not** meet criteria, the MCO/BHO will work with provider to determine appropriate level of care.
- 3) If MCO/BHO **does not** respond to the provider's authorization call, up to three (3) days will be paid. Additional days must be preauthorized based on medical necessity.

PAC

Inpatient detox is not covered by PAC program.